

# Complaint Form For Reporting Sexual Harassment



Combating Sexual Harassment



## SOUTHERN TIER NETWORK, INC.

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Southern Tier Network, Inc. 8 Denison Parkway East, Suite 310, Corning, New York 14830. Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbal or in another manner, your employer is still required to follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

**FOR ADDITIONAL RESOURCES; VISIT: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment)**

### COMPLAINANT INFORMATION

Name:

Home Address:

Home Phone:

Job Title

Select Preferred Communication Method:  mail  email  phone (please select one)

Work Address:

Work Phone:

Email:

### SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

### COMPLAINT INFORMATION

1. Your Complaint of Sexual Harassment is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other

2. Please describe the conduct or incident(s) that is the basis of this complain and your reasons for concluding that the conduct is sexual harassment. Please Use additional sheets of paper if necessary and attach any relevant documents or evidence.

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.

3. Date(s) Sexual harassment occurred:

Is the sexual harassment continuing?  Yes  No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

The last two questions are optional, but may help facilitate the investigation.

5. Have you previously complained or provided information (verbal or written) about sexual harassment at Southern Tier Network, Inc.? If yes, when and to whom did you complain or provide information.

*Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.*

6. Have you filed a claim regarding this complain with federal, state or local government agency?

Yes  No

Have you instituted a legal suit or court action regarding this complaint?

Yes  No

Have you hired an attorney with respect to this complaint?

Yes  No

I request that Southern Tier Network, Inc. investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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